

## Facility Feedback Survey

### 1. Facility Information

Facility Name:

Facility Number:

Facility Type: (only include if other than RCFE, if more than RCFE include a drop down)

Respondent Name:

Respondent's Role at the Facility: (Include a drop down i.e., administrator, licensee, other)

License Capacity:

Number of People Currently Served

### 2. Were you aware of the revised CCLD inspection process prior to the inspection?

Yes

No

If yes, how did you hear of it?

(Check all that apply):

Provider organization

CCL regional office/LPA

CCL Website

CCL Quarterly Update

N/A

### 3. In terms of your level of engagement in assisting the LPA complete the inspection, did the revised inspection process result in a lower or greater level of effort on your part compared to previous inspections:

Lower effort

About the same

Greater effort

### 4. Do you feel that the revised inspection process took a reasonable length of time to complete compared to previous inspections:

The inspection process was too short

The inspection process was adequate

The inspection process was too long

### 5. Do you feel that the revised inspection process left you with a greater level of understanding of the community care licensing statutory and regulatory requirements compared to previous inspections?

Greater level of understanding

No change/About the same

Lower level of understanding

### 6. Was your facility cited during this inspection process?

Yes

No

If "Yes", please explain:

N/A

7. If "Yes", did the LPA provide you with relevant explanation/information pertaining to the citation?  
Yes  
No  
If "No", please explain:  
N/A
8. If your facility was cited during this inspection, did the revised inspection process result in a lower or greater number of citations when compared to previous inspections:  
Greater  
Same  
Fewer
9. How well did the LPA communicate the findings of this inspection to you upon its completion?  
Very well  
Somewhat well  
Not very well  
If "Not very well", please explain:  
N/A
10. At the conclusion of this visit, were consultative or supportive services suggested or provided for issues noted during the inspection?  
Yes  
No  
If "No", please explain:  
N/A
11. Did you find the revised inspection process helpful?  
Yes  
No  
If "No", please explain:  
N/A
12. How would you rate your experience with the revised inspection process?  
Excellent  
Good  
Fair  
Poor
13. Please provide any additional feedback that you may have with respect to what you liked about the revised inspection process (i.e., what worked or was particularly helpful):
14. Please provide any comments or suggestions that you may have with regard to areas of the revised inspection process in need of improvement (i.e., what did not work or could be made better):